PART B - FEE(S) TRANSMITTAL

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indicated unless correcte maintenance fee notificat		in Block 1, by (a) specifying	PUBLICATION ification of main a new correspon	FEE (if requatenance fees address	nired). Blocks 1 through 5 will be mailed to the curren ; and/or (b) indicating a sep	should be completed what correspondence address parate "FEE ADDRESS"	
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		1	a.	E CONTRACTOR OF THE CONTRACTOR			(Signat	
APPLICATION NO.	FILING DATE	<u>. </u>	FIRST NAME	DINVENTOR		ATTORNEY DOCKET NO.	,	
09/769,510	01/26/2001	01/2/2001		Nakajima		202462US2	CONFIRMATION NO. 6109	
APPLN. TYPE	OPTICAL SCAN MODULE, SMALL ENTITY	OPTICAL SCAN					E READER	
nonprovisional	NO NO	-\$1330		PUBLICAT		TOTAL FEE(S) DUE	DATE DUE	
EXAMINER		\$1370		\$300 		-\$1630 \$1670	12/27/2004	
PAIK, STEVE S		2876		CLASS-SU]		
				235-45				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 OBLON, SPIVAK,				
Address form PTO/SB/	or agents OR, alternatively,							
"Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
RICOH COMPANY, LTD. Tokyo, JAPAN								
Please check the appropriate assignee category or categories (will not be printed on the patent):								
4a. The following fee(s) ar	e enclosed:	4b	. Payment of I	Fee(s):			oup thinky Governm	
Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.								
Deposit Account Number 15-0030 (enclose an extra copy of this form)							credit any overpayment copy of this form).	
a. Applicant claims	s (from status indicated above) SMALL ENTITY status. See 3	7 CFR 1.27.	☐ b. Applica	ınt is no longer c	laiming SMAI	LL ENTITY status. See 37 C	FR 1 27(g)(2)	
The Director of the USPTO NOTE: The Issue Fee and interest as shown by the rec	D is requested to apply the Issue Publication Fee (if required) wi cords of the United States Pater	Fee and Publicat Il not be accepted at and Trademark	tion Fee (if any I from anyone Office) or to re-apply other than the ap	any previously oplicant; a regi	y paid issue fee to the applica stered attorney or agent; or the	ation identified above. ne assignee or other part	
Authorized Signature	broog Scafetta				DEC 0 7 20			
Typed or printed name	Joseph Scafetta,	ir.			Date	Reg. No. 26	,803	
This collection of informati	ion is required by 37 CFR 1 31	The information		12.1				

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